

**EXHIBIT B**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

ROBERT MURPHY, on Behalf of Himself  
and Others Similarly Situated,

Plaintiffs,

v.

MULTI-SHOT, LLC,

Defendant.

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CASE NO. CASE NO. 4:14-CV-01464

COLLECTIVE ACTION

## CLAIM FORM & RELEASE

I read the Notice regarding the overtime settlement with Defendant Multi-Shot, LLC d/b/a MS Energy Services ("Defendant"). I had the opportunity to talk to Bruckner Burch PLLC and/or Fibich, Leebron, Copeland, Briggs & Josephson, LLP, attorneys for Plaintiffs in the Lawsuit, about my rights and obligations under the settlement. I am making an informed, knowledgeable, and voluntary decision to sign this Claim Form so I can obtain my settlement payment.

**I understand my signed Claim Form must be postmarked, faxed, or emailed by «Claim\_Filing\_Date» or I will not receive any money under the Settlement.**

In consideration for the payment of my settlement share, I am giving up potential or actual claims against various persons and entities. I am also giving up the right to sue for potential or actual claims against various persons and entities. In particular, I waive and release Defendant (including its past and present parents, subsidiaries, affiliates, officers, directors, board members, shareholders, employees and agents) from any and all claims relating to the payment/non-payment of wages or overtime under federal, state, or other laws during the time period beginning three (3) years back from the date you sign this Claim Form & Release by opting-into this lawsuit and ending on the date you sign this Claim Form & Release.

I declare the foregoing representations and information are true and correct. By submitting the Claim Form, I am consenting to joining this Lawsuit.

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(Sign Your Name Here)

\_\_\_\_\_  
(Date)

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Printed Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

«First\_Name» «Last\_Name»